

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045339

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

3539

FILED DEC 14 1962

## 1. PLACE OF DEATH

a. COUNTY Saint Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN NormandyLength of stay in 1b  
19 daysc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp.Inside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY

c. CITY OR TOWN Saint Louis (7)

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
2022a SalisburyReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First James

Middle Maurice

Last Lee

4. DATE OF DEATH

Month Dec.

Day 4

Year 1962

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 12-22-1922

9. AGE (last birthday) 40

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Dock Foreman10b. KIND OF BUSINESS OR INDUSTRY  
Bellm Freight Co.11. BIRTHPLACE (City and state or country)  
Ian., Ill.12. CITIZEN OF WHAT COUNTRY  
U SA

## 13a. FATHER'S NAME

Harry Lee

## 13b. MOTHER'S MAIDEN NAME

Virginia Fickle

## 14. NAME OF HUSBAND OR WIFE

Esther Lee

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) If yes, give war or dates of service  
YES WW 2

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Esther L. Lee 2022a Salisbury

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Ruptured Aneurysm of Septum

INTERVAL BETWEEN ONSET AND DEATH  
5-10 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Myocardial infarct

3rd

## DUE TO (c)

Generalized Arteriosclerosis

?

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-15-62 to 12-4-62 and last saw her alive on 12-3-62

Death occurred at 3:35 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Dr. F. D. B. Laybarts

## 22b. ADDRESS

1415 Salisbury St. Louis Mo

## 22c. DATE SIGNED

12-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
BURIAL

## 23b. DATE

DEC. 6, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

NATIONAL CEMETERY

## 23d. LOCATION (City, town, or county)

ST. LOUIS COUNTY, MISSOURI

## 24. FUNERAL DIRECTOR

ADDRESS

BEIDERWIEDEN F.H. INC., 1936 ST. LOUIS AVE.

## 25. DATE RECD. BY LOCAL REG.

12-4-62

## 26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

ITEM NO.

VS 300  
Rev. 4/59

14031

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43

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Horner W. Fritz

Licensed Embalmer No. 3882

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.